PTO/SB/21 (01-08)

		Application Number	- $ -$						
		Application Number		09/558,900					
TRANSMITTAL FORM				pril 26, 2000					
		First Named Inventor		Vandermeijden, Tom R.					
		Art Unit		2655					
(to be used for all correspondence after initial filin	ng)	Examiner Name		Abebe, Daniel Demelash					
Total Number of Pages in This Submission 4		Attorney Docket Numb	er	022395-002700US					
ENCLOSURES (Check all that apply) After Allowance Communication to TC									
Fee Transmittal Form	닏	Drawing(s)		Appeal Communication to Board					
Fee Attached	Ш	Licensing-related Papers		of Appeals and Interferences					
Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final		Petition to Convert to a Provisional Application		Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation		Status Letter					
		Change of Corresponde	nce Addres	Other Enclosure(s) (please identify					
Extension of Time Request		Terminal Disclaimer		below): Return Postcard					
Express Abandonment Request		Request for Refund							
Information Disclosure Statement	CD, Number of CD(s)		_						
		Landscape Table	on CD						
Cartified Copy of Priority Remarks The Commissioner is authorized to charge any additional fees to Deposit									
Account 20-1430. Certificate of Correction in duplicate is submitted herewith under the provisions of Rule									
Reply to Missing Parts/ Incomplete 1.323, along with the fee of \$100									
Application Fee Transmittal Reply to Missing Parts									
under 37 CFR 1.52 or 1.53									
SIGNA	TURE	OF APPLICANT, A	TTORNE	Y, OR AGENT					
Firm Name Townsend and Towns	send a	nd Crew LLP							
Signature / / //)ia -								
Printed name	MV	 							
Alan D. Minsk									
Date ADDIL 15	8	Reg. No.	35,956						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~~								
CERTIFICATE OF TRANSMISSION/MAILING									
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being deposited with the United States Patent and Trademark Office, Commissioner for Patents, via EFS Web on the date shown below.									
Signature Lulii	1,0	Ray							
Typed or printed name Leslie C. Ray	•	, ,		Date 4/15/08					

				Con	plete if Know	m	
FEES pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007			Application Number 09/558,900				
			Filing Date		il 26, 2000		
					Vandermeijden, Tom R.		
			First Named Inver		Abebe, Daniel Demelash		
Applicant claims small entity status. See 37 CFR 1.27				-	2655		
TOTAL AMOUNT OF PAYMENT (\$) 100			711. 0.111			 	
TOTAL AMOUNT OF PAY	Attorney Docket N	ey Docket No. 022395-002700US					
METHOD OF PAYMENT (check all that apply)							
Check Credit C	ard Money	Order Non	e Other (plea	se identify)			
Deposit Account De	eposit Account Numb	er: 20-1430	Deposit Accoun	t Name: To	wnsend and Tov	vnsend and Crew LLP	
For the above-ident	tified deposit accou	nt, the Director is h	nereby authorized to	: (check all	that apply)		
Charge fee(s)	indicated below		Charge	fee(s) indi	icated below, ex	cept for the filing fee	
Charge any ad	ditional fee(s) or ur	derpayments of fe	e(s) Crodit	any overpa	vments		
under 37 CFR WARNING: Information on this	form may become p	ublic. Credit card inf	formation should not	be included	on this form. Pro	vide credit card	
information and authorization of	on PTO-2038.						
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND EXAM FILING FEES	INATION FEES	ARCH FEES	EYAMI	NATION FEES		
	Small Ent	ity	Small Entity		Small Entity		
Application Type	Fee (\$) Fee (\$		(\$) Fee (\$)	Fee (\$) Fee (\$)	Fees Paid (\$)	
Utility	310 155	510	0 255	210	105		
Design	210 105	10	0 50	130	65		
Plant	210 105	31	0 155	160	80		
Reissue	310 155	51	0 255	620	310		
Provisional	210 100		0 0	0	0		
2 FXCESS CLAIM FEE	s					Small Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (ir	icluding Reissue	s)			50 210	25 105	
Each independent clai		ing Reissues)			370	185	
Multiple dependent cla			D-14 (6)			ependent Claims	
Total Claims -20 or HP =	Extra Claims x	Fee (\$) Fe	ee Paid (\$)		Fee (\$)	Fee Paid (\$)	
HP = highest number of total clai	ims paid for, if greater	than 20					
mach. Clamic	Extra Claims		ee Paid (\$)				
-3 or HP = X =							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional Section Additional							
4. OTHER FEE(S)	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Certificate of Correction 100							

SUBMITTED BY				
Signature	AL A	M	Registration No. 35,956 (Attorney/Agent)	Telephone 206-467-9600
Name (Print/Type)	Alan D. Minsk	1		Date 4/15/08